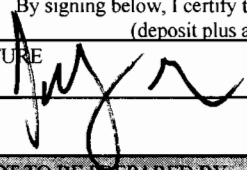
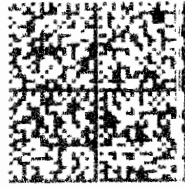


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AO 435 (Rev. 03/08)		Administrative Office of the United States Courts JAN 06 2012 TRANSCRIPT ORDER		FOR COURT USE ONLY DUE DATE:	
<i>Please Read Instructions:</i>					
1. NAME James Wyrsh		2. PHONE NUMBER (314) 259-2780		3. DATE 1/5/2012	
4. MAILING ADDRESS 211 N. Broadway, Suite 3600		5. CITY St. Louis		6. STATE MO	7. ZIP CODE 63102
8. CASE NUMBER 4:10-cv-02430-DDN	9. JUDGE Noce	DATES OF PROCEEDINGS			
		10. FROM 11/2/2011	11. TO 11/2/2011		
12. CASE NAME Corizon, Inc. v. Wexford Health Sources, Inc.		LOCATION OF PROCEEDINGS			
		13. CITY St. Louis	14. STATE MO		
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input checked="" type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)				Motion to Dismiss Hearing	
<input type="checkbox"/> OPINION OF COURT				11/2/2011	
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING					
<input type="checkbox"/> BAIL HEARING					
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00
18. SIGNATURE 				PROCESSED BY	
19. DATE 1/5/2012				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
		DATE	BY		
ORDER RECEIVED					
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	
				0.00	
TRANSCRIPT RECEIVED				LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				0.00	
				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				0.00	
				TOTAL DUE	
				0.00	

BRYAN CAVE

Bryan Cave LLP
One Metropolitan Square
211 North Broadway, Suite 3600
St. Louis, MO 63102-2750



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U. S. DISTRICT COURT
EASTERN DISTRICT OF MO
ST. LOUIS

63102-1125

